

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	11						
2		1					
3		1					
4	1						
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		2					
12		2					
13		2					
14		2					
15		2					
16		2					
17		2					
18		2					
19	1						
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48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.	29						
TOTAL CLAIMS	33						

CLAIMS	IND	DEP	IND	DEP	IND
51					
52					
53					
54					
55					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					